



CITY OF BRYAN RENTAL ASSISTANCE PROGRAM APPLICATION

Do not leave blanks. Write "N/A" if not applicable

Head of Household Name:		
Social Security #:		TDL# or TID#:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Marital Status (Select One Only): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed/Widower

Spouse or Co-Tenant Name:		
Social Security #:		TDL# or TID#:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Marital Status (Select One Only): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed/Widower

CONTACT INFORMATION Current Address: City, State, Zip Code:		Telephone #: Email:	Alt Phone #: Alt Email:
CURRENT LEASE INFORMATION: # Bedrooms: _____ \$ Rent/Month: \$ _____ \$ Section 8 Rental Assistance/Month: \$ _____ Move-in Date: _____ Lease End Date: _____ <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Other		Landlord Name: _____ Landlord Address: _____ City, State, Zip Code: _____ Landlord Telephone # _____ Landlord Email: _____ Apartment Complex Name: _____	

Current Housing Condition (where you currently live and rent). The City will inspect the rental unit during the contract term to determine compliance with Housing Quality Standards. Check one only:

☐ **My current leased unit is in safe, secure, and sanitary condition, free from health or safety hazards, has working smoke detectors, hot water, heat, and air conditioning, and will likely pass a Housing Quality Inspection; OR**

☐ **My current leased unit would not likely pass a Housing Quality Inspection because (explain):**

Current Lease Utilities (If applying for existing unit rental assistance)

Description of Utility	Included in Rent?	Paid for by:
Heating (specify type) (utility cost only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Air Conditioning(utility cost only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Cooking (specify type) (utility cost only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Other Electric (lighting, small appliances, electronic devices, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Water Heating (specify type) (utility cost only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Water (utility cost only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Sewer (utility cost only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Trash Collection) (utility cost only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Electric Fee (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Gas Fee (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Description of Appliance	Included in Rent?	Provided by:
Range (appliance only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Refrigerator (appliance only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant

• **Are any changes in the number of household occupant members expected during the term of this lease?** ☐ Yes ☐ No (Check one only). If Yes, explain:

• **Is a handicap accessible unit required?** ☐ Yes ☐ No (Check one only)

Additional Occupants/Dependents, including any Live-in Aides

Additional Occupant #1 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Additional Occupant #2 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Additional Occupant #3 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Additional Occupant #4 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Additional Occupant #5 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Additional Occupant #6 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Total # Household Members:		Total # Disabled/Handicapped Household Members:
Total # Household Members over age 62:		

INCOME INFORMATION

Employment Information

Household Member Name	Employer	Date of Hire	Salary (Per Month) or Wages (Per Hour)

Other Income & Benefits (i.e. Pensions/Retirement, V.A. Benefits, Soc. Sec., SSI, AFDC, Child Support, Royalties, Rental Income, etc.)

[illegible]**Liabilities (Student Loans, Pay Day Loans, Auto Loans, Court Judgments, Credit Cards)**[illegible]

Tax Indebtedness Liabilities (IRS, State, County)

AGENCY (IRS, State of, County of, etc.)	TOTAL DEBT \$	REDUCTION AGREEMENT Payment Per Month \$

Cash Assets (Checking, Savings, Money Market, Brokerage Accounts, etc.)

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE

Property Assets (rental property, raw land, mobile home owned, etc.)

ADDRESS	VALUE	ANY DELINQUENT PROPERTY TAXES DUE

Other Assets (Automobile(s), Motorcycles, RV's, Boats, ATV's, etc.)

TYPE	AMOUNT/VALUE	ACCOUNT NO.	AGENT/REP.

Previous Housing Assistance from the City: Indicate type, amount and year, if known.

TYPE OF ASSISTANCE (MINOR REPAIR, REHAB, RECONSTRUCTION, DOWN PAYMENT)	AMOUNT OF ASSISTANCE RECEIVED PREVIOUSLY	YEAR ASSISTANCE RECEIVED PREVIOUSLY
	\$	

Applicant is Requesting Assistance with the following items (Check all that apply):

- ☐ **Security Deposit** for a new rental unit (unless already paid) \$_____
- ☐ **Utility Deposit** for a new rental unit (if required by the utility, unless already paid) \$_____
- ☐ **Rental Assistance for a new lease** (amount of assistance to be determined); **OR**
- ☐ **Rental Assistance for an existing lease**, including this past due rent amount of: \$_____
- ☐ **Utility Assistance** (for new or existing lease)
- ☐ **Utility Assistance for a past-due amount** of: \$ _____

CERTIFICATIONS: APPLICANT CERTIFIES THAT THE FOLLOWING STATEMENTS ARE TRUE:

- **COVID-19.** Applicant affirms that the household has experienced a loss of income because of the COVID-19 pandemic. ☐ True OR ☐ False (check one only). If true, describe the COVID-19 impact on your household income:

- **Income Certification.** Applicant hereby certifies that my household income is currently below sixty (60%) of the Area Median Income based upon household size. Circle household size and maximum allowable income:

Household #	1	2	3	4	5	6	7	8
Max. Income ('19-'20)	\$28,800	\$32,880	\$37,020	\$41,100	\$44,400	\$47,700	\$51,000	\$54,300

- **Sex Offender Status.** Applicant affirms that no member of the applicant household is currently subject to a lifetime state sex offender registration. ☐ True OR ☐ False (check one only).
- **Previous Eviction.** Within the previous three (3) years, no member of the applicant household has been evicted for any reason other than nonpayment of rent. ☐ True OR ☐ False (check one only) If False, explain:

- **Homeless Status.** I am currently homeless: ☐ True OR ☐ False

- **Primary Residence.** I intend to occupy the rental unit associated with this application as my primary residence. ☐ True OR ☐ False

ALL INFORMATION WILL BE VERIFIED

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING FEDERAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT RENTAL ASSISTANCE FROM THE BRYAN COMMUNITY DEVELOPMENT SERVICES DEPARTMENT AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF. ANY MISSTATEMENT OR FALSIFICATION OF INFORMATION SHALL BE GROUNDS FOR REVOCATION OR

TERMINATION OF ASSISTANCE. APPLICANT UNDERSTANDS THAT THIS APPLICATION DOES NOT GUARANTEE THAT THEIR REQUEST FOR ASSISTANCE WILL BE GRANTED.

Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

I hereby authorize the City of Bryan Community Development Services Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the Community Development Programs, including employment, income, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby given to the City of Bryan Community Development Services Department is the right to request all information that I (We) can and or could obtain from any persons, company, or firm on any matter referenced above. I (We) **specifically authorize** the City of Bryan to:

- 1) Obtain a credit report for each applicant.
- 2) Check state and national sex offender databases.
- 3) Obtain copies of the following documents: Copies of current or proposed leases, lease addenda, and applications.

(We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Bryan Community Development Services Department for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of six (6) months.

Applicant Head of Household Signature

Date

Print Applicant Name

Co-Applicant Signature

Date

Print Co-Applicant Name



Required Documents

Fill out application, gather the required documents together: and then **CALL 209-5175 TO MAKE AN APPOINTMENT.** Please bring with you the following:

- ☐ 1. Social Security cards for everyone in the household.
- ☐ 2. Driver's License(s) for everyone in the household age 18 and over, or under age 18 with driving certification.
- ☐ 3. W-2 forms for the past 2 years.
- ☐ 4. Income Tax Returns for the past 2 years.
- ☐ 5. Two (2) months current consecutive check stubs for everyone working age 18 and over, and Social Security award Letters.
- ☐ 6. Print out from child support office.
- ☐ 7. Permanent resident card for everyone in household.
- ☐ 8. Financial account statements for each of the preceding six (6) months for **all** accounts, such as checking, savings, or investment accounts.
- ☐ 9. Divorce Decree.
- ☐ 10. Copy of most recent utility bill.
- ☐ 11. Copy of your current lease (if requesting rental assistance for an existing lease).

Your application will not be processed until all required information is submitted. All forms need to be signed by both spouses.

Thank you for your cooperation

**Community Development Services Department
1803 Greenfield Plaza
Bryan, Texas 77802
(979) 209-5175**

Documentos Requeridos

Llene la aplicación, y **LLAME AL 209-5175 PARA HACER UNA CITA.** Por favor traiga con usted los siguientes Documentos:

- ☐ 1. Las tarjetas de Seguro Social para todos los que vive en la casa.
- ☐ 2. La Licencia (licencias) de conducir para todos los conductores que viven en la casa.
- ☐ 3. Formas de Impuestos (W-2) de 2 años consecutivos.
- ☐ 4. Impuestos durante los últimos 2 años.
- ☐ 5. Dos (2) talones reciente de cheque consecutivos para todos los que estan trabajando mayor de 18 años.
- ☐ 6. Documentos oficial de oficina de manutención de menores.
- ☐ 7. Tarjeta de residente permanente para todos los miembros de la familia que vive en la casa.
- ☐ 8. Estados de cuenta financieros para todas las cuentas, como cuentas de cheques, ahorros o inversiones.
(Para los últimos 6 meses)
- ☐ 9. El Decreto de Divorcio.
- ☐ 10. El recibo mas reciente de electricidad.
- ☐ 11. El contrato de arrendamiento actual (si solicita asistencia de alquiler para un contrato de arrendamiento existente)

Su aplicación no puede ser procesada hasta que toda la información requerida sea entregada.

Todas las formas tienen que ser firmadas por ambos cónyuges.

Gracias para su cooperación!

**Servicios de Desarrollo de la Comunidad
1803 Greenfield Plaza
Bryan, Texas 77802
(979) 209-5175**